



Kara Mizokami-Stout, MD MSc<sup>1,2,3</sup>, Katherine L. Khosrovaneh, MPH<sup>1</sup>, Neha Bhomia, MHI<sup>1</sup>, Heidi L. Diez, PharmD, BCACP<sup>1</sup>, Dina Griauzde, MD<sup>1,2</sup>, Noa Kim, MSI<sup>1</sup>, Joyce M. Lee, MD<sup>1</sup>, Lauren Oshman, MD, MPH<sup>1,3</sup>, Jacqueline Rau, MHSA<sup>1</sup>, Jacob Reiss, MHSA<sup>1</sup>, Larrea Young, MDes<sup>1</sup>, Julian Weisensel, BFA<sup>1</sup>, Rodica Pop-Busui MD, PhD<sup>1</sup>

### BACKGROUND

- Since 2021, the Michigan Collaborative for Type 2 Diabetes (MCT2D) aims to improve guideline-directed medical therapy (GDMT) for type 2 diabetes (T2D).
- MCT2D enrolls physician organizations who recruit their primary care, endocrinology, and nephrology practices.
- As of December 2023, MCT2D had 339 total participating practices, of which 310 (91%) were primary care (PC) and 19 (6%) were endocrinology (Endo). This represents 18% of total PC practices (1728 practices total) and 34% of total endo practices across the state (56 practices total).



• We examined trends in glucagon-like peptide-1 receptor agonist (GLP-1 RA) and sodium-glucose cotransporter-2 inhibitor (SGLT2i) prescribing rates for T2D amongst PC and Endo practices enrolled in MCT2D.

### AM

To examine trends in prescription claims for GDMT for T2D in PC and Endo practices enrolled in MCT2D from 2018 to 2023.

### METHODS

- We analyzed pharmacy claims data from adults ( $\geq$  18 years) with T2D who received care in an MCT2D-participating practice (PC=298; Endo=19) between 2018-2023. T2D was defined by the following criteria from clinical or claims data:
- Type 2 diabetes diagnosis
- Most recent clinical hemoglobin A1c (HbA1c)  $\geq$  6.5% or most recent claim HbA1c > 7.0%
- Diabetes medications such as metformin, insulin, GLP-1 RA, SGLT2i, etc filled in the last 6 months
- All subjects were insured by either Blue Cross Blue Shield of Michigan Preferred Provider Organization, Blue Care Network, or their Medicare Advantage plans.
- Participating practice counts were pulled from the MCT2D participation registry. Total Michigan practice counts were determined from the BCBSM Physician Group Incentive Program list, which lists all physicians and practices by specialty type. Specialty type was filtered to "endocrinology" to identify Endo practices and to "internal medicine" and "family medicine", removing hospitalist, pediatric, and emergency medicine practices to identify PC practices. Twelve participating PC practices were not submitting data and were not included in the analysis.
- Descriptive statistics were used to examine differences in pharmacy claims for diabetes medications between PC and Endo practices, stratified by indications for SGLT2i (CKD, defined by diagnostic codes) or GLP-1 RA (overweight and obesity, defined by BMI  $\geq$  27).

# **Trends in Guideline-Directed Medical Therapy for Type 2 Diabetes** in a Statewide Quality Collaborative Between 2018-2023

Michigan Collaborative for Type 2 Diabetes (MCT2D) (1) University of Michigan, Ann Arbor, MI (2) Veterans Affairs Healthcare System, Ann Arbor, MI (3) Institute for Healthcare Policy and Innovation (IHPI). Ann Arbor, MI

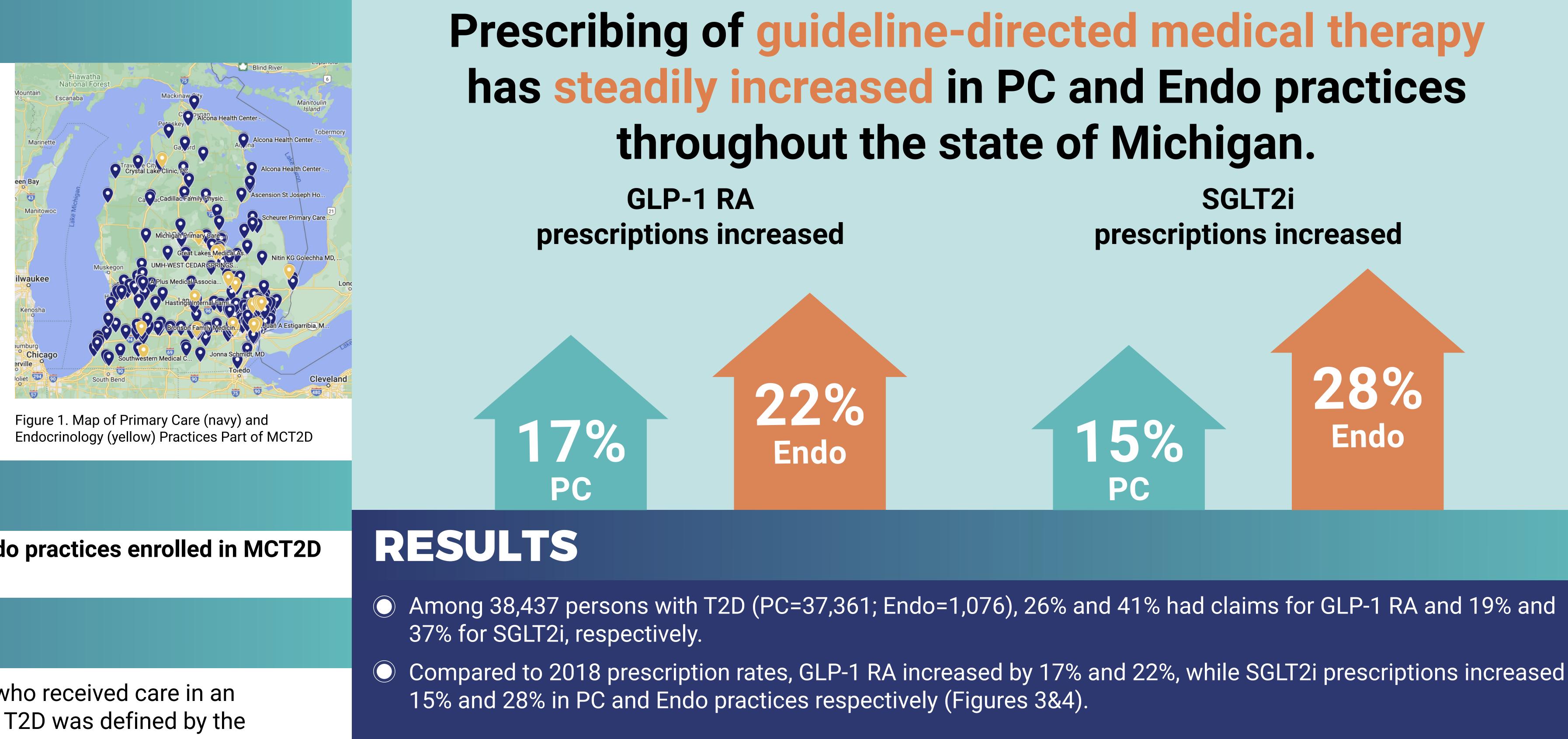
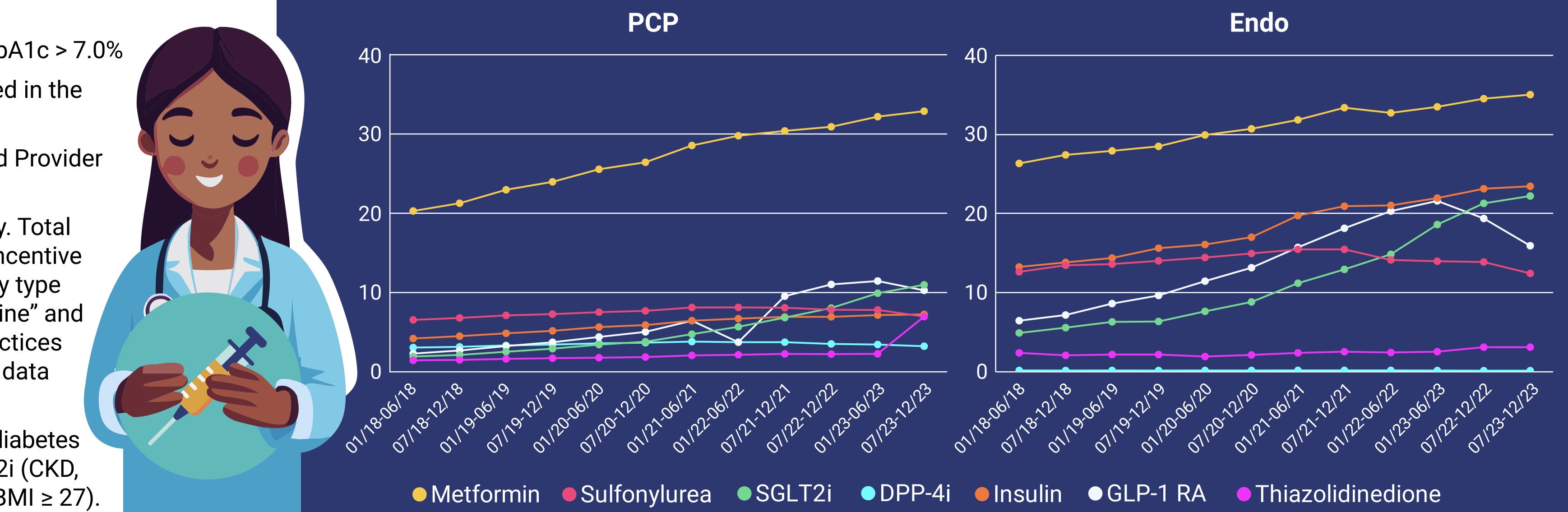
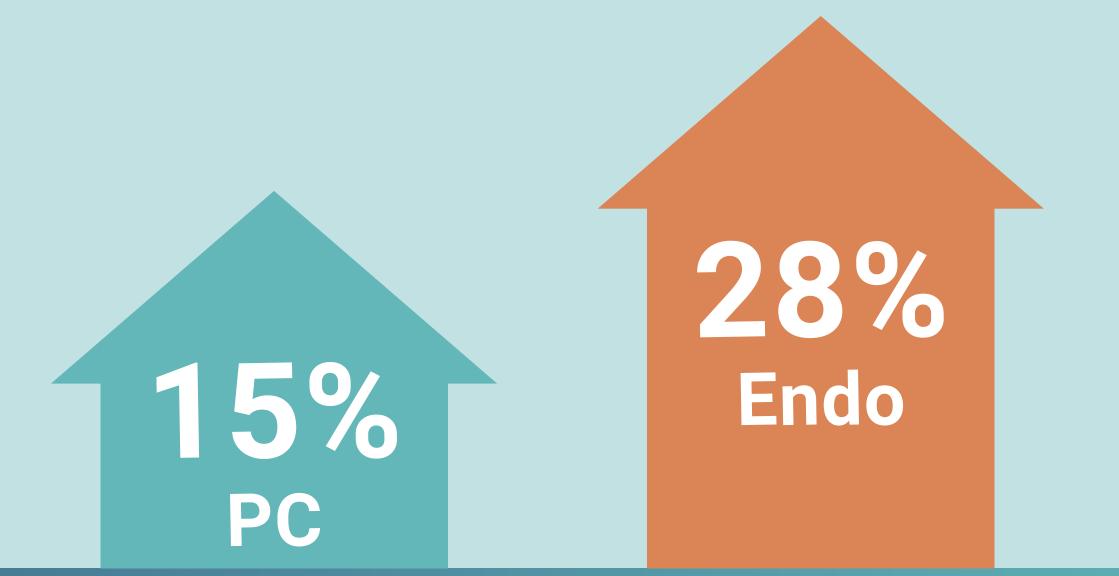


Figure 2. Trends in Diabetes Medication Prescribing By PCP and Endo







• Compared to 2018 prescription rates, GLP-1 RA increased by 17% and 22%, while SGLT2i prescriptions increased by

### **RESULTS CONTINUED**

Figure 3. SGLT2i Status Amongst T2D Patients with Diagnosed Chronic Kidney Disease in PC and Endo Practices



### SUMMARY & CONCLUSIONS

## REFERENCES

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Figure 4. GLP-1 RA Status in Patients with Body Mass Index (BMI)  $\geq 27$  in PC and Endo Practices

O Among practices participating in a statewide collaborative to improve treatment and outcomes for people with T2D, the use of GDMT has increased since 2018, particularly in Endo practices.

• SGLT2i use is similar and GLP-1 RA use is 2-3-fold higher than rates reported in other studies.

• Further exploration in the use of GDMT is needed for cardiovascular indications and as novel diabetes therapies are approved to better understand gaps in T2D care.

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